

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	101045		5/8/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	4-5	866	08-29-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	4
Original	04
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12	0
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16	✓
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18	✓
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35	✓
36	0
37	0
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39	✓
40	✓
41	✓
42	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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25/3/01